<u></u>	FA	TENT APPLI	itute for Form P		N KECOKD		Applied Applied	Application for Docket Number		
		CLAIMS A		Column 2)	SMALL ENTITY		OR	OTHER THAN		
	FOR		NUMBER FILED		NUMBER EXTRA		T	7		T
BASIC FEE (37 CFR 1.16(a))							FEE	1	RATE	-
TOTA	L CLAIMS FR 1.18(c))	120	20 minus 20 = 1.				 •	OR	<u> </u>	╀┺
INDE	PENDENT CLA FR 1.16(b))	IMS	minus			X \$=	 	OR	X \$=	\vdash
	IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))					X \$e	 	OR	X \$=	├
						+3	 	OR	+3=	-
• If the	If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	L	CR	TOTAL	Щ
10.	٥	LAIMS AS AN	IENDE	PARTI	Dalu	10				
A (1)	E.)LA	County Pl	ete	Ucclumn 2	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST (NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AI TK
ſΣI	Total (37 CFR 1.16(e))	17	Minus	20	-	x s _=		OR	x s =	
AMEND	Independent (37 CFR 1.18(b))	1	Minus	3	-	x \$_ =		OR	x \$ =	
₹	FIRST PRESENT	TATION OF MULTIP	E DEPEND	DENT CLAIM (37 C	FR 1.16(d))	+s =		OR		
						TOTAL		1	+s =	
	12/14	(Column 1)		(Column 2)	(Cahuna 2)	ADD'L FEE	<u></u>	OR	ADD'L FEE	L
a	101	CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	(Column 3) PRESENT	2475		l		
ENDMENT	*	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL FEE		RATE	AI TIC
	Total pr cfR 1.16(e))	7_	Minus	$\frac{1}{20}$	")	x \$=		OR	x \$=	
割	ndependent 37 CFB 1.16(b))	2	Minus	3	=	x s=		OR	x s=	
W ,	RST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+s=		OR	+ \$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	AC TIO
Ĭ,	Total P CFR 1.18(c))	•	Minus	*	=	x s =	FEE	-00	 	FE
	ndependent 17 CFR 1.16(b))	•	Minus		=	X 8=		OR	X \$=	<u> </u>
A A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							OR	X \$=	
	(2.00 (1.10(4))					TOTAL		OR	TOTAL	
- R	ADD1 FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".							OR	ADD'L FEE	

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.